

Mail to:
Building Inspection Services
Municipal Building
288 Central Avenue
Dover, NH 03820



Building Inspection Services & Health Code Enforcement

CODE ENFORCEMENT COMPLAINT FORM

Complainant Name: _____ Address: _____
Telephone #: _____ Date: _____
Address in Question _____ Owner: _____
Owner Telephone: _____ Owner Address: _____
Please Briefly State the Problem: _____

After investigation by proper authority, you will receive a copy of the findings of fact, recommendations applicable, and action taken.

(for office use only)

INVESTIGATION SUMMARY

Findings of Fact: _____

Recommendations Applicable: _____

Action Taken: _____

Signed: _____ Date: _____